

**ARIZONA DEPARTMENT OF GAMING**  
**PERSONAL FINANCIAL QUESTIONNAIRE**

Date \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Street Address \_\_\_\_\_ Home telephone # \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work telephone # \_\_\_\_\_

**OFFICERS, DIRECTORS, & SHAREHOLDERS:**

An officer of the corporation is defined as any person who, by way of employment contract, articles of incorporation, bylaws or any internal documentation, is given authority to bind the company into agreements or make decisions concerning the company's income, debts, or staffing. A director of the corporation is any person that has been identified through articles of incorporation, bylaws, corporate minutes, or any other internal documentation as a director of the corporation. A shareholder is any person or business organization that holds stock and/or financial interests in the company.

Any individual associated with the company (Partnerships, Limited Liability Companies or any other business entity) submitting an application for certification may be required to disclose by the Arizona Department of Gaming after its review of the organizational structure of the applicant.

**KEY EMPLOYEES:**

Key Employee includes, but is not limited to, any person who represents the company in a sales, services, consulting, or training capacity with any Arizona gaming facility. Furthermore, a Key Employee is any person authorized to represent the company's interests in work projects, contracts, billing issues, or employee placement involving any Arizona gaming facility.

Any individual associated with the company submitting an application for certification may be required to disclose by the Arizona Department of Gaming after its review of the organizational structure of the applicant.

List all current sources and amounts of income.

INCOME	SOURCE OF INCOME	ANNUAL AMOUNT
<b>Salary</b>		
<b>Interest</b>		
<b>Dividends</b>		
<b>Other sources, such as child support, alimony, etc.,</b> (Describe in detail)		

**If any additional space is needed for the answer to any question on this form, please continue on pages 9 and 10**

1. Do you anticipate active participation in the management and operation of the gaming facility? If yes, give the name of the facility. ☐ Yes ☐ No \_\_\_\_\_
2. Do you anticipate loaning or extending credit to any of the following? If yes, list the entity and the amount.
- A. Tribe ☐ Yes ☐ No \_\_\_\_\_
- B. Gaming operation ☐ Yes ☐ No \_\_\_\_\_
- C. Tribal Gaming Facility ☐ Yes ☐ No \_\_\_\_\_
3. Source of money to be loaned: \_\_\_\_\_
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(Submit executed agreements for all financial transactions shown above)

**If the answer to any question from 4 through 8 is yes, please provide the details on pages 9 and 10.**

4. Have you ever personally filed for relief from creditors under the Federal Bankruptcy Code?  
☐ Yes ☐ No
5. Has the entity by which you are employed ever filed for relief from creditors under the Federal Bankruptcy Code?  
☐ Yes ☐ No
6. Has your Federal Personal Income Tax Return ever been audited or adjusted?  
☐ Yes ☐ No
7. Has your State Personal Income Tax Return ever been audited or adjusted?  
☐ Yes ☐ No
8. Have you ever failed to file any required State or Federal Income Tax Return?  
☐ Yes ☐ No
9. Last Federal Income Tax Return was filed: Date \_\_\_\_\_
10. Last State Income Tax Return was filed: Date \_\_\_\_\_  
State \_\_\_\_\_

(a) Provide State's disclosure authorization form for last three years.

11. Do you own or control any assets or liabilities outside the United States?  
☐ Yes ☐ No
12. Do you control, manage, or hold in trust any assets or liabilities for another person or entity?  
☐ Yes ☐ No
13. Total annual income (from all sources) \$ \_\_\_\_\_
14. List all assets and liabilities on the attached schedules. (Attach additional schedules or forms, if necessary)

## STATEMENT OF ASSETS AND LIABILITIES

AS OF \_\_\_\_\_, 20\_\_\_\_\_

List all assets and liabilities, both tangible and intangible, that apply to you, your spouse, and/or dependent children on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset and liability must be described fully on the appropriate schedule.

	<u><b>Present Balance</b></u>
<b>ASSETS</b>	
Cash on Hand	\$ _____
Cash in Banks ( <b>Schedule A</b> )	_____
Accounts and Notes Receivable ( <b>Schedule B</b> )	_____
Stocks and Bonds ( <b>Schedule C</b> )	_____
Business Investments ( <b>Schedule D</b> )	_____
Real Estate ( <b>Schedule E</b> )	_____
Other Assets ( <b>Schedule F</b> )	_____
<b>TOTAL ASSETS</b>	\$ _____

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	<u><b>Present Balance</b></u>
<b>LIABILITIES</b>	
Accounts Payable (credit cards, etc.)	\$ _____
Taxes Payable	_____
Notes Payable ( <b>Schedule G</b> )	_____
Mortgages Payable ( <b>Schedule H</b> )	_____
Other Liabilities ( <b>Schedule I</b> )	_____
Contingent Liabilities ( <b>Schedule J</b> )	_____
<b>TOTAL LIABILITIES</b>	\$ _____
<b>NET WORTH</b>	\$ _____

**SCHEDULE A**  
**Cash in Banks**

List all accounts, foreign and domestic, maintained by you, your spouse, and/or dependent children.

Name and Address of Bank	Names of Persons Appearing on Account	Account No.	Date Opened	Interest Rate	Type of Account	Balance as of

**SCHEDULE B**  
**Accounts and Notes Receivable**

List all accounts and notes receivable held by you, your spouse, and/or dependent children. Indicate by means of an asterisk (\*) in the first column, accounts and notes receivable held by your spouse or dependent children.

Name and Address of Debtor	Date Incurred	Original Amount	Unpaid Balance	Payment /Period	Interest Rate	Maturity Date	Purpose	Collateral

**SCHEDULE C**  
**Stocks and Bonds**

List the information for all stocks and bonds held or controlled by you, your spouse, and/or dependent children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse and/or dependent children have knowledge of what stocks and bonds are held. Indicate publicly traded stocks and bonds by an asterisk (\*). Indicate by means of a double asterisk (\*\*)next to the first column all stocks and bonds held by your spouse and/or dependent children.

Issuer	Type	No. of Shares or Units	Purchase Price	Date of Purchase	Name in Which Held	Market Value

**SCHEDULE D**  
**Business Investments**

List the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and/or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. This should include, but not be limited to joint ventures, partnerships, sole proprietorships, and corporations.

Entity Name	Type of Entity	No. of Shares or Units	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals or Entities Sharing Interest and Percentage of Ownership	Market Value

**SCHEDULE E**  
**Real Estate**

List the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and/or dependent children, along with the name of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

Real Property Address/Location	Type	Size	Purchase Price/Improvement Cost	Date of Purchase	Other Owners	Percent of Ownership	Income	Market Value

**SCHEDULE F**  
**Other Assets**

List the information requested for all other assets held by you, your spouse, and/or dependent children. Indicate by means of an asterisk (\*) in the first column those assets held by your spouse and/or dependent children. (For example, automobiles, personal property, cash surrender value of life insurance policies, pension plans, etc.)

Type of Asset	Purchase Price	Date of Purchase	Market Value	Other Information

**SCHEDULE G**  
**Notes Payable**

List the information requested for all notes payable for which you, your spouse, and/or dependent children are obligated. Indicate by means of an asterisk (\*) in the first column those notes for which your spouse or dependent children are obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment /Period	Interest Rate	Maturity Date	Purpose	Collateral

**SCHEDULE H**  
**Mortgages Payable**

List the information requested for all mortgages or liens payable on real estate for which you, your spouse, and/or dependent children are obligated. Indicate by means of an asterisk (\*) in the first column those mortgages/liens for which only your spouse or dependent children are obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment /Period	Interest Rate	Position of Mortgage/Lien	Maturity Date	Description/Address of Real Estate

**SCHEDULE I**  
**Other Liabilities**

List the information requested for any other indebtedness for which you and/or your spouse and/or dependent children are obligated. Indicate by means of an asterisk (\*) in the first column those notes for which your spouse and/or dependent children are obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment /Period	Interest Rate	Maturity Date	Purpose	Description of Liability	Collateral

**SCHEDULE J**  
**Contingent Liabilities**

List the information requested for all contingent liabilities for which you and/or your spouse are obligated. Indicate by means of an asterisk (\*) in the first column those contingent liabilities for which only your spouse is obligated.

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment /Period	Interest Rate	Maturity Date	Collateral	Persons Liable Besides You and/or Your Spouse



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State of \_\_\_\_\_)  
 \_\_\_\_\_)ss.  
 County of \_\_\_\_\_)

I, \_\_\_\_\_, being duly sworn (or affirmed), depose and say that this application is true and correct to the best of my knowledge and belief and that this application is executed with the knowledge that false or incomplete answers could result in criminal prosecution and denial, or subsequent revocation, of state certification by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate Tribal and State authorities charged by law with granting gaming licenses and State Certification.

Applicant \_\_\_\_\_

By \_\_\_\_\_

Title\_\_\_\_\_

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public\_\_\_\_\_

My Commission Expires\_\_\_\_\_